

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BT       |        |          |
| O.I.P.E. CLASSIFIER       |          | 8      | 1-5-00   |
| FORMALITY REVIEW          |          |        | 01-19-00 |
| RESPONSE FORMALITY REVIEW |          | 65372  |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 01/15/01 |
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| 10    | ✓     | ✓        | 01/15/01 |
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| 15    | ✓     | ✓        | 01/15/01 |
| 16    | ✓     | ✓        | 01/15/01 |
| 17    | ✓     | ✓        | 01/15/01 |
| 18    | ✓     | ✓        | 01/15/01 |
| 19    | ✓     | ✓        | 01/15/01 |
| 20    | ✓     | ✓        | 01/15/01 |
| 21    | ✓     | ✓        | 01/15/01 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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